

**Submission to
Department of Employment
and Workplace Relations**

**Informing Future Skills:
Observations on the Operation
of Jobs and Skills Australia**

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Executive Summary

1. The views expressed in this submission are based on feedback from the author's extensive network of community members and professionals who include engineering, nursing, paramedicine, allied health and medical personnel.
2. The submission notes the importance of appropriate information resources to inform policy and the current disjointed data collection in much of health.
3. Drawing comparisons with practices in the field of paramedicine, it highlights the risks and deficiencies associated with fragmented information systems. Better shared data arrangements are supported especially with workforce skills and employment data.
4. The submission makes observations on various proposals within the consultation document. Reference is made to a greater focus on community engagement and more transparent and accessible data with reporting of more granular (MMM) workforce distribution and information on worker flows into and out of defined employment sectors or practice roles.

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Scope

This submission is made in response to the call for public consultation issued by the Australian Government Department of Employment and Workplace Relations (DEWR) into the future directions for the governance and operations of Jobs and Skills Australia as an independent body to provide advice on the skills and training needs of workers and employers now and in the future.

DEWR has published a Discussion Paper and conducted other Consultation activities including individual meetings, Jobs and Skills Summit, roundtable discussions led by the Minister and Senate Education and Employment Legislation Committee inquiry hearings and submissions.

Author

The author of this submission is Adjunct Associate Professor Ray Bange OAM, and the submission is made in a personal capacity. An independent policy advisor Professor Bange is the recipient of an Order of Australia Medal awarded for contributions to paramedicine, education, and the community.

The views expressed in this submission draw on feedback from the author's extensive network of community members who are predominantly entrepreneurs, engineers and paramedics but include many nursing, allied health and medical personnel.

The submission also draws on the author's experience both as a professional civil engineer and as an expert policy advisor for regulatory and accreditation activities in Australia and overseas. These activities have involved consideration of the educational and training pathways for industries encompassing both engineering and health.

Themes

The author supports the common themes raised by stakeholders in the Discussion Paper. Attention is drawn to the overlaps and intersections between Jobs and Skills and other regulatory and licensing systems such as the Australian Health Practitioner Regulation Agency (Ahpra), the Productivity Commission (PC), the Department of Health and Aged Care (DOHAC), Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS) as well as the activities of jurisdictional Health and Aged Care, Mental Health and similar bodies.

These interactions are significant because of the extent to which government is a funder of health-related activities across both the public and private sectors; the level to which regulatory activities are embedded in practitioner recognition and accreditation of education, and the degree of immediate engagement between the end users (patients) and the service provider.

Other factors of note are the extent to which technology (including Artificial Intelligence) continues to drive progress in health and the costs of service delivery given the demographics of Australia, with many rural and remote regions unable to access face to face healthcare from medical practitioners (GPs) and Allied Health Practitioners (AHPs).

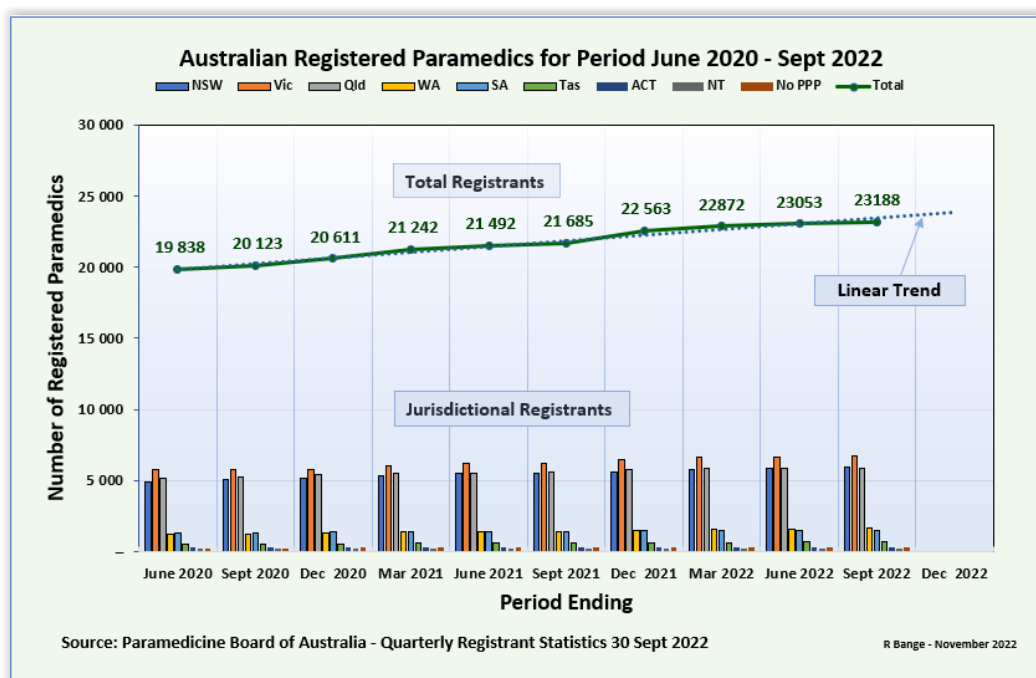
There is no doubt that appropriate information systems, better data collection, greater transparency and integrity of practitioner data are needed. Taking paramedicine as an example, the author has found significant discrepancies between the national datasets provided by the reports of the PC and the ABS dealing with paramedicine.

Many Government discussion papers pay little attention to the crucial work of ambulance (aka paramedic) services operating daily at the face of community contact and care, while paramedics are haphazardly omitted (or included) as part of the allied health workforce by jurisdictional health departments and the DOHAC.

While jurisdictional ambulance services employ the bulk of paramedics, they do not represent the full story. The annual Report on *Government Services (ROGS)* prepared by the PC does not include the contributions made by the Royal Flying Doctor Service, the private sector, industrial paramedics in the field or the paramedics who work in the defence force, universities, and other peacekeeping and humanitarian roles.

Survey data collected by Ahpra is based on voluntary responses. Private service providers employing paramedics are poorly captured - with the result that data on paramedicine are scattered, unreliable and inadequate.

This is despite paramedicine having more than 23,000 registered practitioners in Australia and their current and growing engagement within the public and private healthcare systems.



The *Modified Monash Model (MMM) 2019* was developed to better target health workforce programs to attract health professionals to more remote and smaller communities. The MMM classifies metropolitan, regional, rural, and remote areas according to geographical remoteness, as defined by the ABS.

Yet the publicly available Ahpra registration data does not provide an effective picture of practitioner geographical distribution without recourse to secondary data application and analysis. A more transparent public picture should be provided with a broad indication of relative public and private practitioner populations/distributions.

This coverage should cater for private practitioners and registered members of the defence force as well as those employed within the various State agencies, hospitals, universities, and industrial settings. Attention should also be given to providing information on practitioner flow into and out of defined employment or practice roles.

The inescapable conclusion is the need for better sharing and harmonisation of workforce data if Australia is to respond effectively to the demands of the future.

The cultural dimensions of workforce development

Workforce diversity is important for encouraging multicultural awareness, enhancing respect and communication and improving the quality of performance. Diversity can have many dimensions and goes well beyond the matter of gender to embrace culture and the practice of equity and inclusion in ethnic, cultural and disability diversity.

By creating an inclusive working environment, people living with a disability may have a greater decision-making role and contribution by sharing their experiences and perspectives. The objective is to ensure that services are provided in a fair and inclusive manner, and are accessible to everyone regardless of race, gender, ability, religion, sexual orientation or age.

In addition to our Aborigine and Torres Strait Islander populations, nearly half of all Australians were either born overseas, or one or both parents were born overseas. The most common overseas countries of birth are the United Kingdom and New Zealand. But there is an increasing proportion of people who were born in Asia.

The author considers it is time for more extensive consideration of ethnic and disability diversity as well as gender, as part of the commitment to inclusiveness that acknowledges Culturally and Linguistically Diverse (CALD) people.

Responses to consultation details

In the following observations, comments are made on the consultation proposals only if deemed necessary to reinforce, select an option or offer a viewpoint or alternative.

1. *Are there other design considerations that could further strengthen Jobs and Skills Australia's ability to provide advice to government?*

Response:

When it comes to roles in health service delivery the importance of community or patient input should be given consideration. There might be a benefit in placing a greater focus on the engagement of the public and how this is to be achieved through the information held and displayed in regular reporting.

2. *What principles could be used to guide Jobs and Skills Australia's priorities, and the development of its workplan?*

Responses:

The priorities in planning for all fields should be based on consideration of the impacts of climate change and the health-related outcomes of economic policies. The principles should include equity and access to opportunity and participative fairness to ensure benefits are fairly distributed across the community. There should be an underlying commitment to 'health in all policies'.

3. *How could Jobs and Skills Australia seek broader input into the development and refinement of its workplan?*

Responses:

The proposed annual workplan is supported albeit longer-term (5-year) plans may also be developed. Open consultation on draft proposals is supported.

4. *How could Jobs and Skills Australia engage tripartite partners, experts and other interested parties.*

The normal processes of open solicitation and Expressions of Interest should suffice but care needs to be taken to ensure these reach the desired sources of expertise. Consideration should be given to wider use of university and pre-qualified boutique providers in addition to the usual major firms as control consultants and for independent review in the absence of in-house expertise.

5. *What new information should Jobs and Skills Australia be collecting through its engagement to build a stronger evidence base??*

Responses:

See the narrative content of this submission. Additional data to be captured and accessible with a periodic reporting related to health should include:

- a. **Collection and reporting of diversity including Indigenous status**
- b. **Reporting of more granular (MMM) practitioner distribution**
- c. **Whether the individual is working as a full-time, fractional time or (less commonly) volunteer, and**
- d. **An indication of whether the individual is working in the private or public system and information on practitioner flow into and out of defined employment sectors or practice roles.**

6. *How can Jobs and Skills Australia expand its engagement to include a broader range of skills and industry stakeholders in its work?*

Response:

Engage to the extent feasible including the use of Social Media.

Work with/support policy groups/think tanks that demonstrate independence.

Employ roving policy mentors or navigators to search ideas & evidence

Work with those having an interest or responsibility for planning, workforce development and education. Typical government agencies might include the DOHAC, the PC, the ABS, major peak professional bodies, Education, Treasury/Finance etc..

Extend the engagement practices to include Trans-Tasman bodies and international groups to provide for the sharing of information and developments.

7. *What types of outreach could Jobs and Skills Australia use to increase visibility and use of its products and advice?*

Response:

Develop a holistic marketing program that uses placement effectiveness

Employ traditional MSM media selectively.

TV is expensive, so the value is problematic in most cases

Use trade media and journals

Identify/target influencers (individuals & groups) and provide information freely

Sponsor staff and advisory experts (not consultants) to give industry presentations

Develop an exhibition 'presence' for major trade and industry shows.

Develop a Social Media presence.

8. *How can Jobs and Skills Australia present data and analysis to best inform your work?*

Response:

Set up limited subscriber lists and provide regular newsletters/advisories

(This is common but it still works.)

Definitions / Abbreviations

The following abbreviations and definitions are used in this submission.

DEWR	Department of Employment and Workplace Relations
DOHAC	Department of Health and Aged Care
ABS	Australian Bureau of Statistics
AHP	Allied Health Profession/Professional
Ahpra	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
MMM	Modified Monash Model 2019
ROGS	Report on Government Services (Productivity Commission)